\*Product ingredient source information may be entitled to confidential treatment\* Please read instructions on reverse before completing form. Form Approved, OMB No. 2070-0060. Approval expires 2-28-95 **OPP Identifier Number United States** Registration **Environmental Protection Agency** Amendment Washington, DC 20460 Other Application for Pesticide - Section I 1. Company/Product Number 2. EPA Product Manager 3. Proposed Classification 96671-Erik Kraft None Restricted 4. Company/Product (Name) PM# Zachary Sulfur Dioxide Team 24 5. Name and Address of Applicant (Include ZIP Code) 6. Expedited Reveiw. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling Zachary Enterprises, Inc. to: 13074 Zachary Avenue EPA Reg. No. McFarland, CA 93250 Check if this is a new address **Product Name** Section - II Amendment - Explain below. Final printed labels in repsonse to Agency letter dated Resubmission in response to Agency letter dated \_\_\_\_ "Me Too" Application. Notification - Explain below. Other - Explain below. Explanation: Use additional page(s) if necessary. (For section I and Section II.) (1)Application for FIFRA Section 3 Registration. Submission of Product Chemistry Studies in support of registration of Zachary Sulfur Dioxide.
(2) The action covered is New Product, Me-Too Product, Fast Track since the application is for formulation product registration that is substantially similar to and/or identical to a currently registered product as cited in this application. The company Number is 96671. The file symbol is not assigned. (3) Request expedited review (4) The applicant paid PRIA fee and identified PRIA code as R301. (5)Please direct all correspondence to: N. Bhushan Mandava, Mandava Associates, LLC; 1050 Connecticut Avenue, NW/ Suite 500; Washington, D.C. 20036 (6) The contact person fax number is (202) 223 - 0141 and e-mail address is: mandava@compuserve.com. Section - III 1. Material This Product Will Be Packaged In: Child-Resistant Packaging **Unit Packaging** Water Soluble Packaging 2. Type of Container Metal Yes Yes Yes Plastic Nο No Νo Glass Paper If "Yes" No. per \* Certification must Unit Packaging wgt. Package wgt Other (Specify) be submitted 3. Location of Net Contents Information 4. Size(s) Retail Container 5. Location of Label Directions Container 6. Manner in Which Label is Affixed to Product Other Lithograph Paper glued Stenciled On the container Section - IV 1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.) Name Telephone No. (Include Area Code) (202) 223-1424 N. Bhushan Mandava Agent for Zachary Enterprises, Inc. 6. Date Application Certification Received I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. l acknowledge that any knowlingly statement or statement may be punishable by fine or imprisonment or (Stamped) both under applicable law. 2. Signature Bhushan Mandas Agent for Zachary Enterprises, Inc.

5. Date

4. Typed Name

N. Bhushan Mandava

March 7, 2021